

FILED JUL 13 1955

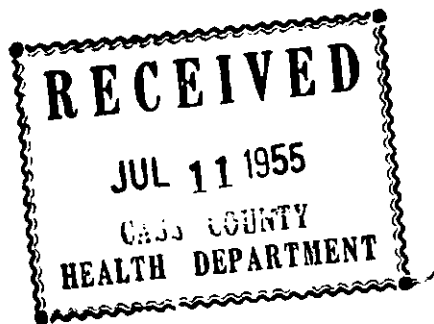
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18002

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5233</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural West Dolan Twp</u> c. LENGTH OF STAY (In this place) <u>2 mos.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles South of Westline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0190</u> OR TOWN <u>Rural - West Dolan</u> d. STREET ADDRESS (If rural, give location) <u>5 miles South Westline</u>			
3. NAME OF DECEASED (Type or Print) <u>Roy</u>		a. (First) <u>DEAN</u>		c. (Last) <u>MANNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 30 - 55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug 16, 1950</u>	
9. AGE (In years last birthday) <u>4</u>		# UNDER 1 YEAR Months Days		# UNDER 1 YEAR Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Nickman Mills Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abe Manning</u>		13b. MOTHER'S MAIDEN NAME <u>Blades Brieden</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Abe Manning, Westline Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>accidental drowning</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9291</u> <u>22</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Pond</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 30 55 2:38</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall into pond</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Shad Jander</u> (Doctor or title)				23b. ADDRESS <u>Phleas Hill, Mo</u>		23c. DATE SIGNED <u>7/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 6, 1955</u>		REG. NO. <u>457-22</u> <u>Nora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Est Berger Sons, Belton Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard E. Seager

Licensed Embalmer No. 3958

P. O. Address Beeton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.